

STATE OF NEVADA**Sexual Harassment or Discrimination Complaint**

Sexual harassment and discrimination based on race, color, national origin, religion, sex, age, disability, or sexual orientation in any term, condition or privilege of employment are violations of State and federal law.

Date of Complaint:

Please answer as completely as possible the following questions. Use as many additional sheets as necessary.

Submit completed form to your agency's coordinator or the Department of Personnel's Sexual Harassment/Discrimination Unit at 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204, or fax to (775) 684-0124.

| | | |
|-------------------------|-----------------|---------------|
| 1. Employee Name | 2. Title | |
| 3. Immediate Supervisor | 4. Department | |
| 5. Division | 6. Section/Unit | |
| 7. Work Location | 8. Work Phone | 9. Home Phone |

10. PLEASE NOTE:

If you make a complaint of sexual harassment or discrimination, it will be investigated. Please initial _____

11. Describe the alleged sexual harassment or discrimination incident(s). Please specify location(s), date(s) and time(s) of each occurrence.

Sexual Harassment or Discrimination Complaint

12. Who or what do you believe was responsible for the alleged sexual harassment or discrimination incident(s)?

13. Were there any witnesses to the alleged sexual harassment or discrimination incident(s)?

☐ YES ☐ NO

If yes, please provide the name(s), address(es), and phone number(s).

14. Provide the name, address and phone number of those who may have important information regarding the alleged incident(s).

15. If appropriate, did you inform the alleged offender(s) their behavior was unacceptable?

☐ YES ☐ NO

If yes, please describe.

Sexual Harassment or Discrimination Complaint

16. Have you reported this incident to anyone else?

☐ YES ☐ NO

If yes, please provide the name(s), address(es), and phone number(s).

17. What is the remedy you are seeking?

NOTE: Please attach to this form any supporting documentation related to your complaint.

I, _____ certify the above statements
(print name)

to be true and factual to the best of my knowledge.

SIGNATURE

DATED

* * * * *

Note: Complaints of sexual harassment and discrimination may also be filed with:

Nevada Equal Rights Commission
2450 Wronde Way, Suite C
Reno, Nevada 89502
(775) 688-1288

Nevada Equal Rights Commission
1515 E. Tropicana Ave, Suite 590
Las Vegas, NV 89119
(702) 486-7161

Equal Employment Opportunity Commission
255 East Temple Street, 4th Floor
Los Angeles, California 90012
(800) 669-4000